STAT	STATE OF WISCONSIN, CIRCUIT COURT			
	Annual Report of Crime Prevention Or (Private Non-Profit Organization)			
TO:	THE CLERK OF COURTS FOR		COUNTY	
FROM:	FROM: Name of crime prevention organization			
	Address			
	Employer I.D. number	Tax exempt number		
Note:	organization which has as its <u>primary purpose</u> preventing crime, encouraging the public to report or assisting law enforcement in the apprehension of criminal offenders" (emphasis added). A copy of your organization's Articles of Incorporation, By-laws or other institutional documentation setting forth a primary purpose consistent with the statutory definition must be attached to this report.  Annual report of contributions received and expenditures made required pursuant to, §757.17, Wisconsin			
1.	Statues for the calendar year 2  The officers of this crime prevention fund are:			
	NAME OF OFFICER	OFFICE HI	ELD	

(Attach additional list if more officers.)

2. During the reporting period, contributions in the total amount of \$ \_\_\_\_\_ were made to the organization as set forth in Schedule A, attached. (Attach as many sheets as necessary.)

Annual	Report of Crime Prevention Organization (Private Non-Profit Organization	n)	Page _	of
3.	During the reporting period, expenditures in the total amount of \$			e by the
	These expenditures meet the primary purposes of the crime prevention organistatutory definition because:	zation as	set forth i	n the
4.	The amount of contributions remaining in the crime prevention fund from the p \$	rior calend	dar year v	vere
5.	The amount of contributions remaining in the crime prevention fund as of the c \$	closing da	te of this	report is
6.	The amount of contributions remaining in the crime prevention fund from the p \$	rior calend	dar year v	vere
7.	The amount of contributions remaining in the crime prevention fund as of the c \$	closing da	te of this	report is
8.	I certify that I have prepared this report and that the information included in the accurate. The records on which the report is based may be viewed at:			
	during office hours.			
	Name of preparer	Daytime tele	phone numbe	r
-	Address			
	Signature of preparer	Date		

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## Schedule A

Name of Contributor/Defendant	Branch Number of Court Requiring Contribution	Amount

nnual Donort of	Crime Prevention	Organization	(Private Non.	Profit Ora	anization)

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## Schedule B

Name of Recipient of Expenditure	Amount of Expenditure